



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Name: _____

SSN: _____

Date: _____

PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY ELIGIBILITY

This notice is sent in response to your request for approval of MassHealth payment of Program for All-Inclusive Care of the Elderly (PACE) services. In order to qualify for MassHealth payment of PACE services, you must be both clinically and financially eligible for services. *This notice is about your clinical eligibility.* You will receive a separate notice about your financial eligibility. The requirements for clinical eligibility for PACE services are the same as for nursing facility services found in the MassHealth regulations at 130 CMR 456.409.

1. MassHealth Screenings

Screenings to determine clinical eligibility for PACE services are conducted by _____, Aging Services Access Point (ASAP) on behalf of MassHealth. The ASAP nurse reviewed your case in accordance with MassHealth regulations at 130 CMR 456.409 and 42 CFR 460.150 and has determined:

- ☐ you **are** clinically eligible for MassHealth payment of PACE services. Your continued eligibility is subject to review.
- ☐ you **are not** clinically eligible for MassHealth payment of PACE services, because the level of medically necessary services that you require is less than that required for MassHealth payment of PACE services, as set forth in 130 CMR 456.409.

2. Appeal Rights

You have the right to appeal this decision. (Please see attached information about your right to appeal through the Fair Hearing process.)

OFFICIAL USE ONLY

Code: _____

ASAP on behalf of MassHealth **RN**

Date: _____